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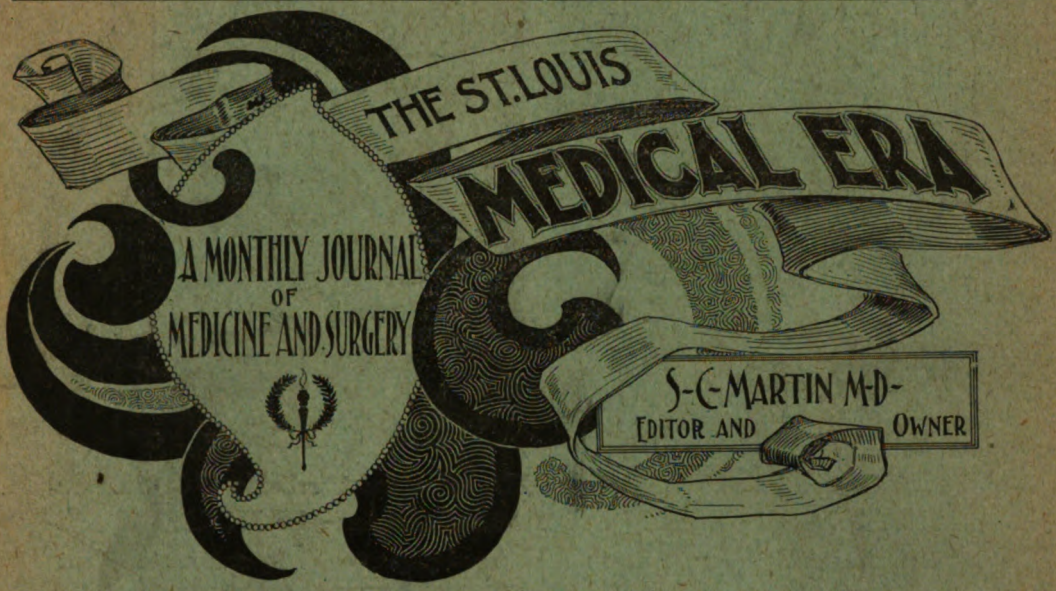

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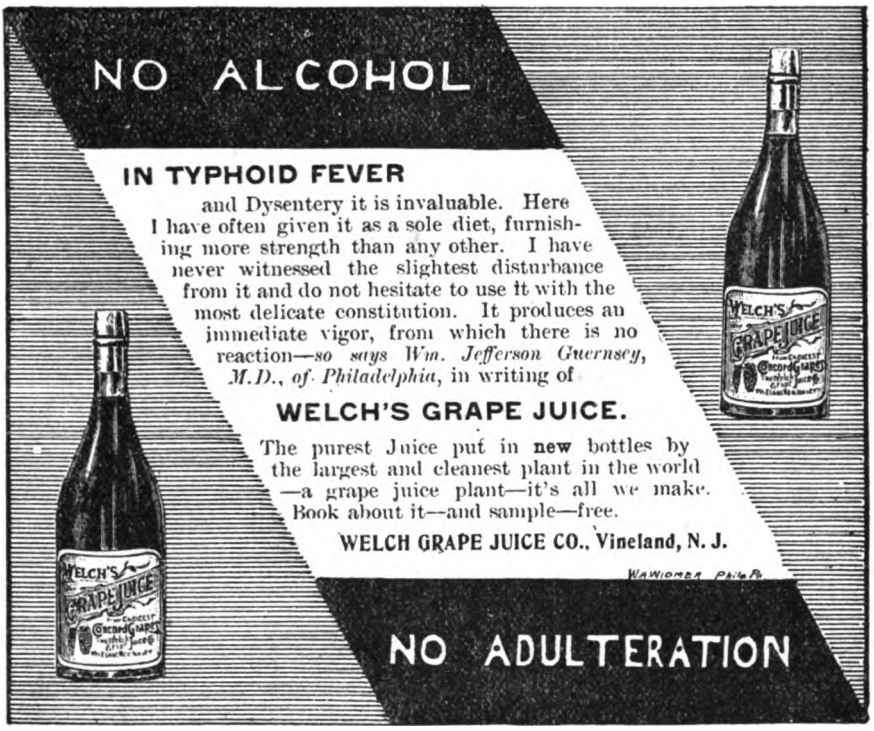
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MEDICAL ERA
A MONTHLY JOURNAL OF MEDICINE AND SURGERY.
J. C. MARTIN, M.D.
Editor and Owner.

CANCER OF THE UTERUS COMPLICATED BY PREGNANCY—INDICATIONS FOR OPERATION.

By A. H. Cordier, M. D., Kansas City, Mo.

Vice-President American Association of Obstetricians and Gynæcologists: Professor of Abdominal Surgery Kansas City Medical College.

Some three years ago I read a paper upon this subject, taking the position that the uterus should be removed upon suspicion of malignancy. Quite an extended experience and careful observation since that time have established to my satisfaction the correctness of the deductions embodied in that article. Of course no surgeon would think of operating on any case when in doubt before exhausting all means to remove the obscurities in the case if possible. Now, like all general rules, there are exceptions even to this one. If in doubt, bring to

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bear on the case the microscope and skilled counsel, but even here these essential diagnostic helpers are too often unable to say positively that this or that condition is or is not of a given character. Bennette, fifty years ago, in a monograph on cancerous and cancroid growths, declared that the microscope alone and independent of all other kinds of observation, can seldom determine the presence or absence of cancer. We We all recognize the wonderful advances along the line of optical diagnostic appliances since that time, yet the microscope of to-day does not in all cases reveal infallible diagnostic evidence. I do not desire to be understood as depreciating the valuable aid this instrument has rendered us. I believe that one's ability to diagnose this condition early is in proportion to the number of cases seen and studied; or, in other words, experience and a study of the history and progress of this disease in this locality will best serve one in the recognition of the disease in its incipiency. Where one is frequently examining in a dark cavity, why should not the sense of touch become educated to a high degree, as in the case of the blind? The oculist early detects the hardening in the glaucomatous eye, and resorts to the ophthalmoscope to confirm this diagnosis, but his suspicion is not always sustained by this instrument. This fact does not negate the presence of incipient glaucoma, neither does it change his management of the case. Dr. Stratz says: "Even microscopically in some cases, it is impossible to recognize certain characteristic appearances which are peculiar to carcinomatous erosions." He had reference to beginning cancer from erosions of the cervix. I fully agree with those who advise the use of the microscope in the examination of suspicious looking neoplasms, and always resort to its use in doubtful cases.

In many cases the pathologist is unwilling to give a positive opinion from his microscopic findings, simply calling them "suspicious." The proper course to pursue in these cases is clear to my mind. The surest way to make a diagnosis in the doubtful cases is to be able to negatively exclude other diseases.

When a woman presents herself to a gynæcologist, suffering with a suspicious malignant looking and feeling disease of the cervix, if, after using the so-called positive means to clear up the diagnosis, a doubt still exists as to its character, the entire uterus should be removed, thus giving the woman the benefit of the doubt. I do not think this declaration would be a

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wise or a safe one to be used broadcast, or placed in the hands of a tyro. Of all surgical operations of a major character, uncomplicated vaginal hysterectomy in skilled hands gives the lowest mortality. Were the operation attended with a high mortality and performed on women during the most active child-bearing period, or for some disease, the history of which was not to kill if undisturbed, I, too, would raise my voice against operating on the doubtful cases.

Pozzi says: "The most recent scientific researches demonstrate that every hypertrophic glandular metritis which has resisted curetting for many months, shows thereby its tendency to become an epithelioma. Exploration by the curette is not always sufficient to remove doubt, for we are not thus able to examine the glands in all their depths. We must, in such a case, give the most weight to the clinical signs." He states, at the same time, that due discretion and diligence should be exercised in eliminating, if possible, all doubtful points before resorting to any operative procedure, but as he does not tell us how to do this, at this place in his great work, but elsewhere advises early operations in suspicious malignant diseases, it is fair to presume that here he also applies the same surgical principle.

About 20 per cent. of these cases are below forty years of age.

The great error so often made is in expecting to find these women emaciated, with marked cachexia, hemorrhage, pain, stinking discharge, etc., as evidences of the presence of malignant disease. Pain comes on late, and is often absent. Bleeding of a profuse character is rare, especially very early in the history of the disease. Foul watery discharges, so often alluded to, are sometimes absent. An irregular flow between the periods is the symptom most often noticed, and is an important one, especially if occurring in a woman past the climacteric, and following sexual intercourse. Many cases are much complicated, and the dangers from the operation much increased from these adhesions, the result of delays and tinkering.

Many cases, seemingly of advanced malignant disease of the cervix, and classified as inoperable, are, in reality, complicated tubal cases, and the hardening felt in the vault is an inflammatory induration, and not a cancerous infiltration. The differential diagnostic feeling of these conditions is obtained on-

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ly by the practiced and experienced touch. In some instances both conditions exist in the same pelvis. If in doubt here as to the character of the peri-uterine induration, give the woman the benefit of the doubt, and operate, as the appendages will be found diseased to such an extent as to warrant their removal.

Even in lacerated cervices, where we find an ectropian of the mucous membrane in a degenerated condition, it is not far from its oftentimes successor, epithelioma. My experience has been in accord with that of the older writers with reference to malignancy occcurring in married women, or women who have borne one or more children. Price, whose experience is extensive, states that most of his cases of cancer of the uterus have been in elderly maidens.

Old, extensive cervical tears, unrepaired, are undoubtedly causative factors in the production of carcinoma. Epithelial cells, buried in scar tissue, may produce an epithelioma. Senn says: "The writer strongly believes that a laceration of the cervix may not only act as an exciting cause, but that, in addition, it may furnish the essential matrix of embryonic epithelial cells."

The development of a cancer in scar tissue is most likely to occur in a locality subject to prolonged irritation, the cervix being a favorable site. The organ affected by a malignant growth, and the relation of this organ to surrounding structures, determine in a measure the necessity of immediate interference and the probability of a staying of its progress or a permanent cure. For instance, a growth on the hand, while it should be removed as early as possible, yet early operation is not as imperative as it would be were the neoplasm situated on and confined to the cervix uteri. In the latter location an extension of the growth to the bladder and rectum would place the case beyond the interference of surgery, and into the class of hopelessly incurable cases. Early removal of malignant growths in isolated organs, as the ovaries, testes and uterus, offers a fair prospect of a cure in many cases.

Recognizing the fact that malignant growths extend to surrounding structures by irrigation of malignant cells from the original tumor, should forever disabuse the surgeon's mind of the idea of countenancing delays in their removal. This local infection is less rapid in carcinoma than in sarcoma.

That a small per cent. of malignant cases is cured by early

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operation is settled beyond doubt, and that earlier and more extensive operation will increase this number very much in the future, no one doubts.

Report of Dr. Jarvin (Medical Research, Feb. 29, 1896), 16 cases of cancer of the uterus.

5, cervix alone, involved.
4, cervix and upper part of vagina.
7, cervix and uterine body.

Twelve operated on prior to November, 1892.

3 died from, 1 shock, 2 septicæmia.
9 recovered from operation.
2 recurrences, 1 died 16 months after; 1 died 18 months after.
3 lost sight of at end of year. No return.
4 remained well up to four years, when last seen.

About one per cent. of our population die annually from cancer in some of its forms, or, in other words, sixty-four thousand people die each year in the United States from this disease alone.

Cancer, as a rule, presents itself at or near the menopause, that is, at a period of the woman's existence when there is a tendency to retrogression to the embryonic type, and a cessation of the activity of the reproductive functions. This is a disease having a local origin, according to our latest pathologists, occurring in women who are approaching the menopause, often complicated with tubal disease that leads to sterility.

It is true that a few mistakes may be made, but not so many that will prove disastrous to life as if tinkering and procrastinating are followed and advocated. It is better to remove one sound organ through a mistaken diagnosis than to permit fifty or a hundred women with early operable, and in many cases curable cases, to be transformed by time and the ravages of the disease into inoperable cases, doomed to a certain death from cancer of the uterus.

Dr. Krug says: "I like to be seen in the front rank of progressive surgery whenever malignant disease is conceded."

Dr. Coe says: "With the results of modern aseptic surgery before us we are not justified in waiting until the diagnosis has been established beyond the shadow of a doubt," and cites cases upon which he had operated upon "suspicion."

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Krug reports cases operated upon in which he was "in doubt" about the diagnosis.

Dr. James B. Hunter has reported hysterectomies performed where he had "suspected" malignancy.

Dr. Baldy says: "It is fast becoming the habit to operate on *all suspicious cases.*"

Jonathan Hutchinson says that he advises operations so early as to be called "anticipatory."

Dr. E. E. Montgomery says: "The uterus should be removed on suspicion. When there is a doubt that cannot be solved the patient should have the benefit of this doubt."

Mary A. Dixon Jones, one of our leading American pathologists and surgeons, says: "Better remove a few uteri with no malignant disease, than to leave one cancerous uterus, and the patient with the awful risk of dying from a condition that the surgeon could have remedied."

T. A. Emmett says: "In this disease there should be no delay in operating. The patient should always be given the benefit of the doubt, and relieved of any suspicious growth."

Owing to the uncertainty as to how far into the cervical or uterine tissue the cancerous infiltration has extended, no one should resort to any operative procedure short of a total hysterectomy. The whole mammary gland is removed by the surgeon as soon as the presence of a malignant disease is detected. In fact, here, as in cancer of the cervix, the woman should have the benefit of surgical work as soon as a suspicious growth begins to develop. Hysterectomy is attended with very little or no more danger than a high amputation of the cervix.

Relapses are less likely to occur after a total removal. Carcinoma of the cervical canal extends to the cavity of the uterus by following the mucous membrane. In 33⅓ per cent. of all women who die from cancer, the disease will be found in the uterus. The dangers attending delivery in a woman with a cancerous cervix are so great that this should form one of the indications for the early removal of the uterus, thereby removing the possibility of this unfortunate occurrence. Fortunately as regards the possibility of conception taking place, the often accompanying tubal disease destroys the caliber of the ova-bearing ducts, but at the same time it leads to many dangerous inflammatory bands surrounding the uterus. During pregnancy the malignant disease advances very rapinly. Lucke and oth-

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ers have called attention to the fact that pregnancy plays an important part in the growth of neoplasms of the uterus and breast, both organs being subjected to prolonged physiological congestion during this period. Increased blood supply means increased growth. Especially is this true of malignant growths where there is an increased cell proliferation from a pre-existing malignant matrix.

VAGINAL HYSTERECTOMY FOR MALIGNANCY, UTERUS THREE MONTHS PREGNANT—RECOVERY.

Mrs. H., Topeka, Kansas; age 32, Oct. 29th, 1895. This lady, eleven months ago, gave birth to a full-term child. Nothing unusual occurred during her confinement or convalescence. Three months ago she had quite a profuse hemorrhage with a continuation of the flow from that time up to the present. I saw her third month after first bleeding. She had been losing flesh and strength very rapidly. Examination revealed a bilateral cervical tear, and on both lips of cervix a large cauliflower-appearing surface that bled easily to touch. The uterus was the size of a small cocoanut, and very much the shape of a pregnant uterus, but as she presented not one of the subjective symptoms of pregnancy, and had not menstruated since her last confinement, eleven months ago, the idea of pregnancy was only problematical, and of minor import, as the all-important point in the diagnosis related to the question of malignancy. A piece was cut from the growth and examined by two other pathologists and myself, all agreeing that it was malignant. On October 29th, 1895, I performed a vaginal hysterectomy, using as I always do, the Price hysterectomy forceps. The uterus was rather hard to pull through the vaginal vault opening, but owing to the elongation taking place from the traction on the cervix, at the expense of the width of the organ, it was delivered and the operation completed in twenty minutes. At the end of 36 hours the forceps were unlocked, and a few hours later were removed. Her temperature never reached the hundred point, the pulse remaining under eighty during her entire convalescence. She left the hospital on the nineteenth day. This is a rare condition, occurring about once in two thousand cases of pregnancy.

In 27 cases tabulated by Van Der Veer (See Journal American Medical Association, Vol. XX., page 14 to 17, 1892)

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5 died during labor undelivered; 9 died during puerperal period; 3 results not mentioned; 10 recovered; a mortality to mothers of 60 per cent.

Another author reports 300 cases of cancer of the uterus, complicated by pregnancy, with a mortality of 52 per cent.

Abortion occurs in 35 per cent. of cancerous pregnant uteri. The mortality to mothers in abortions is very high, 25 per cent. of the cases dying undelivered was due to retained putrid fœtus, shock of exhaustion. Post partum sepsis comes in for a big per cent. in the mortality. Rupture of the uterus occurs frequently. The few mothers surviving delivery die within three months. Only 33 per cent. of children are born alive, and 20 per cent. of these die within a few weeks. A large percentage of the few living children, says Van Der Veer, are left motherless, as you will see by this report.

DEDUCTIONS.

1. Cancer of the cervix uteri, if left without surgical interference, *always kills*.

2. The disease, in most instances, is primarily a local process.

3. Early hysterectomy will cure quite a percentage of these cases.

4. The microscope, while a great diagnostic assistant, is not infallible in its findings.

5. The experienced surgeon is warranted in resorting to a hysterectomy, even in the doubtful cases.

6. All malignant pregnant uteri should be removed when seen before the disease has advanced beyond the period of a probable cure.

CONGESTIVE CHILLS—SOME THOUGHTS.

By Ben. H. Brodnax, M. D., Brodnax, La.

When the congestive primary or prodromic stage has passed into the chill state, does NOT pass into the fever stage, so that reaction has not taken place to disengorge the large blood vessels.

When once seen, or experienced, this condition is never forgotten. The conviction flashes on the mind that the existing symptoms must be changed or death will come in a very short time.

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Most intense thirst, heat of inside of the body so great that the patient exclaims, "I am burning up inside," while at the same time the surface of the body, legs and arms, are cold and covered with a heavy clammy sweat. Legs and arms mottled blue and white, body sometimes the same, patient restless, almost raving.

Have the wash-pot filled with water and brought to a boil, pour into a large barrel, reduce the temperature till it can be borne, and immerse your patient to the chin in it. While he complains of such intense heat inside, it is curious that to his body water too hot for comfort ordinarily is comfortable, and he will be loth to leave it.

Have ready some calomel, 1 or 2 grain doses, with podophyllin, one-tenth grain. Give them before and while he is in the water, every 20 minutes to amount of 8 or 10 grains. If the stomach is irritable, give the first two doses without the podophyllin, also one dose of 6 or 7 grains of acetanilid. A hypodermic of morphine over the stomach helps to quiet nausea. Zomakyne, ammonol or antikamnia will do the same. They are 75 to 80 per cent. acetanilid. Chloroform water, if a child, or 20 drops of chloroform in sugar or syrup if adult, will do in absence of the above, or pilocarpine one-tenth grain, nitroglycerine 1-50 grain. The patient will begin to be comfortable, will go to sleep in the water. Take him out (if you can) and put him to bed wrapped in a blanket. He will sweat off the fever in an hour or less. Dr. Heath, of Grant's Pass, Oregon, says, "I went to have one of my patients taken out of the barrel of hot water, and he sang out: 'Let me alone! I'm comfortable for the first time in a week!' He went to sleep in the barrel with the water up to his chin." The change in the action of the patient is remarked in a few minutes after he gets into the water.

See that the bowels are cleaned out. It is not a bad plan to give calomel and salol until the bowels have a natural color and odor, say every second day for three days. After the bowels have acted well from the first purgative, commence with and push the acid iron tonic, made: Nitro-muriatic acid 1 oz. or 1 pint, sulphate iron, 60 grs. or 2 ounces; let stand for 24 hours to digest; dose 10 drops in 3 ounces of water sweetened to taste, three to five times a day, or, in an emergency, the mixture may be used as soon as it is clear and ceases effervescing,

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or it may after 24 hours be mixed, 1 ounce to 6 ounces of simple syrup, warm, teaspoonful for adult dose. Nitrate of potassium, same amount, may be added to the above, or substituted in place of the iron, as preferred by the attendant. This last is a good tonic addition in jaundice, or where the skin and conjunctiva are yellow.

The main point is to bring on the sweat. I used to do it, before acetanelid came in, with chloroform. I lost one case after I had partially stopped using quinine. This one failure occurred because the quinine *failed to do the work*, as it almost always does when you *depend on it most*, and most desirous to have it do its best. I wish to impress my idea here, as I have before done, that malaria, so-called, is a blood disease-poisoning, from the half-putrid contents of the bowels, owing to its retention for days and sometimes weeks. This poison is gradually carried into the circulation.

The bug is there, several kinds, because they find something to eat and live in—the same as flies come to a sugar barrel. Remove the cause and the bug goes (same as the fly).

I believe the plan proposed by which I treat chills does the work in two ways: removes the filth and clears and tones up the blood, making it stronger and better. "*Good blood* knows no disease." This is an old truism, and rather supports my idea of blood poisoning as the cause of chill.

Allow me to ask what sense is there in the following: "The behavior of quinine, too, all of us have agreed (more or less) to be a test of malaria in doubtful typhoid cases." *You are in doubt* whether malaria is the cause. Is that it? Have you ever seen in typhoid attack the rise of fever go off in a sweat? I never have. The fever simply subsides, does not go off entirely, dozes, if you please, *but never sweats.* Why punish a sick man with 20 to 40 grains of quinine? For what? to let you find out 24 hours hence if he has something that good sense and patience will show you he has not. It is a fad, and later on will go like most others.

I said above, "bugs, several kinds." Is it not a fact that virulent bacillus (so called) are found where there is no disease said to be produced by them? Also, if these are found under such circumstances, why do they not go to work and produce the disease there and then? We are told these bacilli only become virulent when they are poisoned, or made such, or irritable

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by the medium in which they are found, and but for this nasty medium, pabulum, or what not, would not be virulent or troublesome—so, while they are poor and starved they are quiet and inoffensive. When they over-eat themselves they get cross and "cut up!" "What queer fellows those bugs are!" During a malarial attack, and when it is coming on by the gradua poisoning of the blood, are not these bacilli *not there all the time?* And innocuous? Only troublesome when interfered with by these substances becoming too much for their easy-going temperament? I am more and more of the opinion that the mode of treating malarial troubles is to cleanse the bowels, prevent the return of the chill by a sedative diaphoretic, strengthen the appetite, aid digestion and renovate the blood. All of this is done by the mode presented, with the minimum of discomfort to the patient, and anxiety to the doctor, as well as no dange of fatal sequelæ. If the mode is wrong, prove it so. If right, let your conscience decide as to the course to be pursued.

A FEW CASES FROM PRACTICE.

By O. F. Baerens, M. D., St. Louis.

Mr. D., a salesman, 32 years old, presented himself for treatment some months ago, history as follows: Had catarrh since boyhood, nose always stopped up, discharge copious; had consulted a great number of physicians, regular and irregular, without obtaining benefit, in consequence of which he had become very much discouraged, and was inclined to be skeptical. As a final measure he commenced the use of a patent catarrh snuff containing cocaine, which he used every hour or two, it being necessary to repeat it at such frequent intervals in order to render his condition bearable. Examination revealed a spur on the left side, an exostosis on the right side, close to the floor of the nose, and the turbinate bodies on both sides very much enlarged and softened. Under cocaine they shrunk very much, showing there was no true hypertrophy present. My first step was to remove the spur on the left side with a small saw, using a 10 per cent. solution of cocaine as an anæsthetic. After bleeding had ceased I prescribed an atomizer and some mild antiseptic solution, with instructions to use it every 2 or 3 hours. After several days I treated the exostosis

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on the right side in the same manner. Next came the turbinate bodies, which I treated by the submucous linear cauterization method, and was gratified to see the splendid result obtained in this manner. Up to this writing his nose has given him no trouble whatever, and he has shown his appreciation repeatedly since.

Mr. K., a young man of 25, consulted me during the winter for a catarrhal trouble which was very annoying to him. Examination revealed an immense spur on the left side with the inferior turbinate greatly hypertrophied and very sensitive. The post pharyngeal wall was red and dry, and had an appearance like the hand of a washerwoman, with blackish streaks of mucous deposited thereon. After a thorough cleansing of the entire tract I snared off a portion of the enlarged turbinate, using a cold wire snare. After four or five days I removed the spur with a small saw, and used a stimulating application on his throat, advising him to abstain from the use of tobacco, which he did. After three weeks his nose and throat a perfectly normal appearance, and no return of any unpleasantness has manifested itself up to this time.

Mr. S., a young man of 20, came to me two months ago about his breath, which was offensive, and because of the fact that he couldn't smell as well as before. He being a druggist, this proved to be extremely annoying. He presented an anæmic appearance, and gave a history of struma. His nose had the appearance typical of atrophic rhinitis, shrunken tissues covered with dry, huge, evil-smelling crusts, which he styled "clinkers." Of course in a case of this sort a cure is out of the question, an improved condition is all that we can produce. The treatment in this case consisted in the free use of the post-nasal douche, the fluid used a warm saline antiseptic solution, until all crusts had been washed away, afterwards followed by a spray of Iodine, Potass. Iod., in water and glycerine. For internal administration the Syr. Hydriodic Ac. was prescribed in connection with baths and outdoor exercise. The patient was instructed in the use of the douche, and has faithfully adhered to this plan of treatment, and was rewarded by a condition which approaches the normal as near as it is possible to bring it. Iodine and its compounds are the remedies to be relied upon in connection with a proper diet and systematic exercise taken in the presence of oxygen as nature offers it.

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Mrs. T., age 30, consulted me a year ago for hay fever, which she claimed had troubled her for years. The tests showed an impaired sense of smell. Examination showed a greatly hypertrophied turbinate, which hugged the septum, extending high up into the olfactory region. After application of 4 per cent. solution of cocaine, a very slight diminution of the body was produced, showing a small narrow cleft between the septum and the turbinate. I would assign the trouble only to this condition, and concluded to remove the excess of tissue by the cautery. After removal of same I thoroughly cleansed the passage and inserted a small piece of rubber tissue, which I did to prevent the formation of synechia. I removed this daily for one week, cleansing the parts each time and replacing the tissue. She did nicely, and as a year has passed since I last saw her, I consider her absolutely well, and do not look for a recurrence of her trouble. COMMERCIAL BUILDING.

THE DANGERS OF TREATING GONORRHŒA WITH SIMPLE ASTRINGENTS

BY F. G. MOEHLAU, M. D., BUFFALO, N. Y.

I have undertaken to investigate chronic diseases of the genito-urinary tract in thirty cases, and I think it will be of interest to many to learn of the result obtained.

The effect of syphilitic infection upon the general constitution of man, and its effect upon woman and the offspring are constantly studied, and valuable observations have frequently been made. A good deal is known about the disease, but so far the disease-producer has slipped discovery. But the remedial agents to battle the symptoms of the disease are most valuable and effective.

By careful observation we must come to the conclusion that gonorrhœa is doing more harm to mankind than syphilis. Of gonorrhœa we are aware of what produces the disease, i. e., the cause is definitely established by the presence of the gonococcus, discovered by Misser.

Syphilitic infection renders the person immune for the future, though there are exceptions to the rule.

Gonorrhœa gives no immunity to succeeding infections, and the remedial agents known and employed in the treatment none have proven specific, yet it is a fact that most men once

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infected with the disease, only the smaller number are definitely cured, which is certainly true of the older way of treatment, i. e., with the simple astringents as Plumbi. Acet. and Zinc Sulf.

The bad result obtained in treatment is much to be attributed to the difficulty to reach the affected parts, but more to the negligence of the patient. But, on account of the severe pain, great allowance has to be made for this.

The ignorance of the average "Clap Doctor" is the most harmful factor to the suffering community.

It seems wrong to teach Physiology in public schools and most carefully exclude all reference to the genito-urinary tract. The pathology of alcoholism is included in such teaching, but in a most misleading way. Why not let the scholar be instructed about urethral diseases? It certainly would be a benefit to the community at large, and would do more good than what these wrong impressions about alcohol accomplish. There would be much less of the nerve-destroying self-abuse, and in some respects act as a safeguard against prostitution.

To teach the physiology of the sexual organs in a proper way would do a great deal of self-protection to the ignorant youth. Unlimited is the number of innocent women who have to suffer for the errors of the husband; this mostly on account of ignorance. The physician called upon to treat those errors ought to do all in his power to enlighten the people. He is the one to be blamed for the indefinite amount of harm done, who is to treat a patient for gonorrhœa by making false promises, and gives false impressions to the sufferer, and who treats a patient and makes him believe that the stopping of the discharge means cure to the patient. Once the gonococcus has gained entrance to the urethra, it aims to progress and to multiply, from the mucosa it invades the submucous structure and proceeds, if not arrested, to invade the prostate, epidermis, tesicle, bladder, ureters and kidneys. Other organs have no safeguard against such invasion.

A period of rest may succeed the most acute outbreak, to cause a renewed attack by slight provocation in any part of the body, as arthritis, pericarditis, even meningitis may have the gonococcus as the disease producer, once it has gained entrance to the human body.

To refer to the use of simple astringents in the treatment of gonorrhœa, if we consider the final result of their use we

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become cautious in their application, as we know that even a weak solution causes a shriveling up of the mucosa, a contracting, and thus closing the orifices of the many ducts along the urethral canal, retaining the disease producing organism in their lumen, not preventing its proliferation and the production of unknown quantities of toxines to be taken up by the lymph and blood stream, which definitely accounts for the fever and chills in an acute, subacute or even the chronic conditions of gonorrhœa, which, as is frequently observed, to resemble malarial fever. Treating gonorrhœa with simple astringents we finally accomplish the arrest of the discharge, but the gonococcus is still in existence in the deeper layers of the lining of the urethral canal.

I had collected twenty cases, varying from 5 to 30 years since the primary infection, Tripperfæden not being present at all in seven of the cases. But an injection of 1:1000 of nitrate of silver produced a discharge in which the presence of gonococcus could be demonstrated beyond doubt.

The cases referred to had been treated by an injection of simple astringents and alkaline powders and waters. Under the existence of such circumstances the blood and nervous system must necessarily suffer severely, and in fact I find that patients in such condition present a chlorotic appearance, evidently due to the chronic uræmia. The strength of the toxines produced by the gonococci varies greatly; there is more or less phagocitosis going on in all tissues.

The prostate, especially, seems to constitute an ideal storage place for the disease. In several of such cases I have observed by close questioning of the patient, that it needs little provocation to produce the discharge which will disappear again without interference, and to appear anew when irritated sufficiently.

The pelvic diseases in women produced by such conditions in the husband's urethra or prostate are innumerable, 90 per cent. of all pelvic diseases we have to attribute to such state of circumstances. It takes years in many instances to give evidence of symptoms of the inflammatory conditions existing in the pelvic organs of the innocent woman. Sterility after the first accouchement, due to the inflamed uterus, is frequent. Abortions after the first child, where the uterus has been sound until then, are not rare, and poorly developed, anæmic or even

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rickety offsprings call strong and vigorous people their parents. It is natural, that where blood mixed with toxines of various sorts is used in the manufacture of the sperma, perhaps conception of an ovum of the same quality can produce no healthy nor a strong child when mature, especially if the intrauterine nourishment is from blood saturated with toxines of varying strength. The œmosis of those well, mixed and diluted toxines, the placenta, finally, is unable to prevent. Just like alkaloids pass to the fœtus and exert their due and noxious influence, as has been demonstrated with opiates. With such facts before us it ought to be the aim of every practitioner to do the utmost possible to cause the patient to grasp the condition he is in, and to understand what it means to be cured of gonorrhœa. At the same time I take opportunity to refer to a condition produced in middle age, which seems to be due to the errors of youth. This is an obstinate back ache, which is promptly relieved by letting the sufferer wear a well fitting suspensory; better yet, I am satisfied by the results obtained by the good adjusting of a T bandage drawn up well, so as to prevent the testicles from exerting traction upon the attachment part of the cords. This at the same time I find to exert a reducing influence upon the enlarged prostate.

THE CURABILITY OF MENTAL AND NERVOUS DISEASES.

By Arthur E. Mink, M. D., St. Louis.

Late Physician to the New York City and Kings County Insane Asylums; Consulting Neurologist to the Womans Hospital.

An impression seems to largely prevail among the medical profession that psychiatry and neurology are the æsthetic branches of medicine, which are contrasted with high sounding terms and ponderous diagnoses, but which are far behind other branches in the number of cases or recoveries achieved. Such erroneous impressions are mostly due to the widespread neglect with which the subject of mental and nervous diseases has been treated by the vast majority of the medical profession. And yet no branch has made such tremendous strides toward scientific precision as neurology. To-day we can localize lesions in either the brain or the spinal cord, inch by inch, and to the expert neurologist the X-rays are superfluous, for he has mental eyes which exceed it in accuracy when he comes to deal with

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lesions of the cerebro-spinal axis. Although the proper study and treatment of mental diseases barely dates from the beginning of this century, still we claim that in the hands of expert psychiatrists the percentage of recoveries from mental affections are at least as large as those from physical disease, and it will become still greater when mental diseases are treated as they should be.

When mental diseases are recognized and treated in their incipiency, instead of in their latest and often their incurable stages; when asylums cease to look like prisons and more like hospitals; when the superintendent ceases to be selected for his political puil; when the asylums become hospitals for human beings with sick brains instead of houses of detention; when, instead of being keepers of large boarding houses, the superintendents are scientific alienists; when, furthermore, the subject of scientific home treatment has received the attention it deserves —then, and not until then, will the percentage of recoveries from mental disease reach its proper height. True, we have certain forms which present no hope of recovery, such as paretic dementia, paranoia, periodical insanity, etc., but the scientific alienist is no more discouraged at this than is the general practitioner when he has to deal with incurable diseases like phthisis pulmonalis, chronic bronchitis or Bright's Disease. The neurologist has to deal with incurable states, like tabes dorsalis, multiple sclerosis, infantile cerebral palsy, etc., but he is in no worse a plight than the oculist when he has to do with a disseminated choroiditis or optic neuritis. Did the general practitioner and surgeon better understand the functional nervous affections, such as hysteria and neurasthenia, for instance, there would be fewer useless hysterectomies and oophorectomies performed.

With a better acquaintance with suggestive and psychotherapeutics (two great achievements of modern neurology), the general practitioner could prescribe more successfully, inspire his patients with more confidence, and achieve a greater number of cases. He would, moreover, avoid that great mistake of which so many physicians are guilty, viz., informing their patients that they are afflicted with a mental malady. The true neurologist, least of all, would commit such an error. For he is best enabled to appreciate the profound influence of nerve life upon all visceral function, how fear and worry depresses and

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disturbs, and hope and cheerfulness elevates and stimulates vital activity. The alienist and neurologist should not be a narrow-minded spot specialist, one who looks at all disease through neurologic glasses, but rather a broad-minded, scientifically educated man, who has served his apprenticeship as a general. Then, only, will he be able to appreciate the mutual dependence of all organs and organ systems of the body. With our newer remedies such as sulfonal, trional, phenacetine, acetanilid, etc., and with alkaloids, such as hyoscine, hyoscyamine, duboisine, pseudo-hyoscyamine, along with the remedies of the older pharmacopiæ, one can do much. But the neurologist who considers the body as a receptaculum for drugs, is guilty of almost as great a mistake as he who causes the people to associate the word "neurologist" with an electric battery! Last, but not least, he should be a mental and moral hygienist in its best sense. He should know, in other words, that misery, despair and sorrow blight and kill, while hope, content and confidence invigorate and rejuvenate. 3328 Lucas Avenue.

THE SPECIFICATION OF QUININE IN MALARIA.

Dr: E. C. Register, Editor of the Charlotte Medical Journal, read a paper with this title before the recent meeting of the North Carolina Medical Society.

After many years of study, both clinical and microscopical, the Doctor arrives at the following conclusions in reference to the specific action of quinine in the continued forms of malarial fever. He says a malarial fever without complications will subside after the plasmodia of malaria disappears from the blood; that we have in quinine the means to completely eradicate malarial poison from the body; that malarial fever occurring in a previously healthy subject, and in the central United States, if at once recognized and properly treated, never ends in death; that it is speedily curable, never continues, provided the nature of the disease be recognized and appropriate treatment employed.

Dr. Register has made microscopical examinations of the blood of several hundred patients suffering with remittent malarial fever, and had studied probably more closely and thoroughly than any other Southern physician the behavior of the crescentic and ring-shaped bodies which are the forms of the

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parasites which are held responsible for the continued types of this fever, and he finds that the reason quinine does not always effect these irregular forms of the poison, is on account of the usual defects in its administration. He contends that the drug is very imperfectly absorbed when given by the stomach, and when the patient has a temperature of over 102 degrees. He says that in cases of continued malarial fever, if distinct and well marked intermissions of the fever are produced artificially by the use of antipyrine, antifebrine and phenacetine, the crescentic and ring-shaped bodies will disappear after the administration of quinine, as quickly as the spherical bodies that are found in an ordinary case of intemittent fever. In reference to the belief that the forms of the parasite that inhabits the blood cells are not acted on by quinine, he says: "There is no doubt in my mind that this belief is not erroneous. Besides my own observations, I have been able to collect the opinions of thirty-two authors touching upon this point, and twenty-eight out of the thirty-two believe that the endo-globular or intra-corpuscular forms are not, on this account, the cause of an uncontrolable fever, and that its proximity to the blood cell does not, in any way, protect it from the action of quinine."

(*253*) ***Bicarbonate of Sodium as a Dressing for Suppurating Wounds.***

N. V. Georgevsky (Sem. Med., March 3d) has observed that the application of compresses saturated with a solution of chemically pure bicarbonate of sodium and covered with some impermeable material, has the effect of drying up purulent secretion and cutting short phlegmonous inflammations. These results are obtained by this means much more rapidly than by any other known antiseptic—carbolic acid, iodoform, etc. Georgevsky first noticed this action of bicarbonate of sodium by accident in treating a case of whitlow. A deep incision was made on the dorsal aspect of the diseased finger, and gave issue to a large quantity of laudable pus. The wound was washed out and dressed with an iodoform ointment. The suppurative process advanced, and a counter-incision was made on the palmar surface. The patient, however, drew back his hand at the critical moment, so that only the epidermis, which was much thickened at the spot, was penetrated. Georgevsky thereupon determined to wait a little, and in the meantime to soften the integument by applying compresses of tarlatan soaked in a 2

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per cent. solution of bicarbonate of sodium. On examining the hand next day he was surprised to find that the situation was completely changed. There was no longer either pain or redness or swelling of the parts; there was no trace of pus on the dressing or in the wound, and not a drop could be squeezed out by pressure on the finger and on the palm. A complete cure very speedily took place. Georgevsky has since used the same treatment in a number of cases of whitlow and other phlegmonous lesions, both circumscribed and diffused. In every case he first makes an incision into the suppurative focus; after squeezing out the pus, he applies directly to the gaping wound, as well as to the inflamed neighboring parts, a compress soaked in a solution of bicarbonate of sodium of the strength indicated above. By this procedure he invariably succeeded in stopping both the pain and the suppuration, and in effecting a rapid cure without the necessity of using drainage. As a confirmation of the superior efficacy of the bicarbonate of sodium as compared with the antiseptics in common use in such cases, Georgevsky mentions that whenever he substituted an iodoform dressing for it, suppuration began anew, ceasing again as soon as the bicarbonate of sodium was re-applied.

Resinol Prizes.

Under the second prize offer by the Resinol Chemical Company for the best papers on the therapeutic value of Resinol, a committee, consisting of the following prominent physicians, was appointed to award the prizes: T. C. Gilchrist, M. D., Associate Professor of Dermatology Johns Hopkins University; Wm. F. Smith, M. D., Professor of Dermatology College of Physicians and Surgeons; and Edwin Geer, M. D., Surgeon Maryland Naval Reserves. The following awards were made: 1st prize, $100, Dr. Walter P. Ellis, Livermore, Kentucky; 2d prize, $60, Dr. J. Hobart Egbert, Holyoke, Mass.; 3d prize, $75, Dr. I. N. Rader, St. Louis, Mo.; 4th prize, $40, Dr. E. A. Edlen, Moline, Ills.; 5th prize, $50, Dr. Ed. C. Hill, Denver, Col.; 6th prize, $25, Dr. J. Grant Coyle, New York, N. Y. The liberal and progressive spirit revealed by the Resinol Chemical Company in the above enterprise is worthy of emulation. The care taken to secure unbiased decisions by the committee is shown by a refusal to allow names of competitors to be known to judges until awards were made.

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PRACTICAL EVIDENCE

I used your sample of Resinol on myself for Pruritus Ani, which has been my curse for several years, defying all applications. The first application proved efficacious, and I am now using and prescribing Resinol for the above and several other itching troubles. In fact, I think it is the best remedy I have ever used for the diseases for which it is recommended.

H. B. LEIGHTON, M. D., Boston, Mass.

I have used your Resinol in Inflammatory Rheumatism with happy results. Hope others will try it. I know they will be pleased.

E. J. BURNSIDE, M. D., Phila., Pa.

It gives me pleasure to say that Resinol is the best application for local treatment of Eczema I have ever used. I can also bear testimony to its efficacy in Erysipelas, and its soothing and healing virtues in all inflamed surfaces.

A. J. FRENCH, M. D., Lawrence, Mass.

It is but just that I should attest my satisfaction with the use of Resinol. It is a marvel of efficacy in Pruritus Ani. In relief of soreness, due to scalding from acute Nasal Coryza, it acts like a charm.

J. H. THOMPSON, M. D., Goshen, N. Y.

Resinol is by far the best application I have ever used in a practice of 48 years for the diseases recommended. A case of Eczema commencing on the scalp and extending over the entire face, and which had been under the treatment of various physicians with no apparent benefit, was completely cured by it in less than two weeks.

J. J. WORTHY, M. D., Lavalle, Wis.

I am very much pleased with the effects resulting from the use of Ung't Resinol in cases of Itching Piles, Pruritus Ani, and Vulvæ, Eczema, Erysipelas, &c. In fact it is the remedy "par excellence" in all cases where there is a Congested or Hyperæmic condition of the capillary Blood Vessels.

C. D. SMITH, M. D., Atlanta, Ga.

I frequently prescribe Resinol, and am well pleased with its work. It has proved very useful in many forms of eruption of the skin, and especially so in Pruritus Vulvæ or Ani, and in Eczema of other parts of the body.

LUCY HALL BROWN, M. D., Brooklyn, N. Y.

I take pleasure in stating that I have found Unguentum Resinol almost a specific for Pruritus Ani, Itching Piles and Marginal Eczema.

HENRY HUG, M. D., Detroit, Mich

Resinol is a harmless antiseptic and a true skin anæsthetic, absolutely non-irritant and non-toxic (free from lead, mercury or cocaine), can be applied to mucous, excoriated or denuded surfaces of any extent at any age without fear of untoward results, and is not contra-indicated by any internal medication that may be deemed advisable.

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Sample sent **free** on application, or one regular size jar for trial on receipt of 25 cts.

RESINOL CHEMICAL CO., Baltimore, Md.

A Patient's Strength

Medicine does not always sustain it.

FOOD, FOOD, FOOD, IS WHAT IS REQUIRED, BUT IN CONCENTRATED FORM.

Brains! was the reply a prominent painter once made when asked with what he mixed his colors.

Brains! would be the reply of any modern physician if asked what he gave to effect his marvelous cures. There would be as much truth as terseness in the answer.

The same remedy is not always given for the same disease in these times. Circumstances, the age of the patient, and surrounding conditions generally are considered.

The first thing our advanced doctor attends to is the strength of the patient. That must be maintained at all hazards. Medicine can no more be carried to a diseased part, when the blood hardly circulates on account of weakness than a boat can be sailed on a river whose channel has run dry.

NEW BLOOD MUST BE MADE.

New flesh tissue must be built, new strength must be found, and all with the least exertion on the part of the patient.

In such emergencies, beef tea, beef extracts, jellies and other so-called invalid foods have been given, but they were not satisfactory. Too much of the life-sustaining qualities had passed away in the cooking.

Such facts as these led to the discovery of **BOVININE**—the greatest and most concentrated Beef Juice ever produced. It is used and commended by physicians the world over. In thousands of cases it has fanned the smouldering embers of life again into a blaze, and arrested the progress of some wasting disease.

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The Saint Louis Medical Era.

PUBLISHED ON THE FIFTEENTH DAY OF EVERY MONTH.

S. C. MARTIN, M. D., - - - - - - EDITOR AND OWNER.
Professor of Dermatology, Barnes Medical College.

S. C. MARTIN, JR., M. D., - - - - - - BUSINESS MANAGER.

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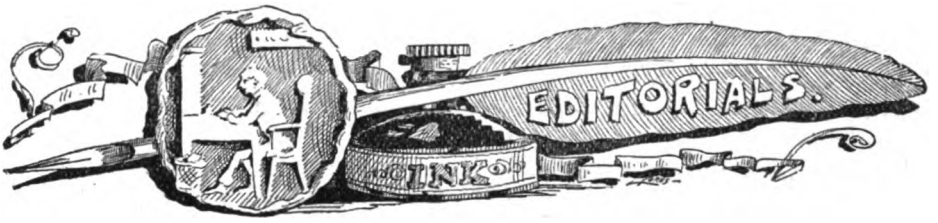

TYPHUS FEVER.

Much confusion exists in the minds of the best diagnosticians concerning the origin and pathology of this disease. It is usually defined as an acute, specific, epidemic, exanthematous fever, due to an infecting germ, and attended by a petechial eruption, with depression of vital power and pronounced cerebral disturbance. Murchison devoted more time to the clinical observation of this disease than any other investigator, and hence his opinions are entitled to great weight, but he died before the germ theory played any conspicuous part in the etiology of contagious diseases, and hence he ascribed its origin to other factors. He claimed that it was caused by lack of ventilation, intemperance, filth and starvation. He believed, and corroborated this belief with statistical evidence that 90 per cent. of the cases under his observation came from the lower classes, who were the victims of such conditions. He believed under such conditions the disease was generated de novo. Undoubtedly the conditions named would provide a favorable soil for

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the development of typhus fever, but if they alone were sufficient, it would be a prevailing disease, especially in densely populated districts. This, however, is not the case, unless it is confounded with typhoid fever, or other diseases. It is a rare disease in this country, and appears only in the epidemic form with occasional sporadic developments. It is limited to large cities or densely populated districts. It is most commonly encountered in the winter season. Whether this is due to the freer propogation of the poison in cold weather, or in this season the poor are more crowded together and suffer more privations, is a question not yet settled, but as a matter of fact it is an unknown disease in the tropics. The fact that it is a contagious disease and the manifestations uniform, though differing in degrees of virulence, seems to confirm the belief in a unity of of cause. It probably originates in a bacterial poison, which, being introduced into the system, effects a profound alteration of the blood, depressing vital action, and unless quickly eliminated or counteracted by judicious treatment, entirely arresting vital processes. The name "Typhus," which means stupor, conveys no distinct idea of its pathology, as this symptom is a common accompaniment of many diseases. The name typhoid means like typhus, and is given to enteric fever, on account of its supposed relationship to that disease, but outside of the exanthem accompanying it, it presents nothing in common with typhus fever. The anatomical findings in post mortem examinations of typhus fever show a dark and fluid blood, with softening and degeneration of all the organs as a result. This corroborates the theory of grave blood changes as the destructive forces to be overcome if possible by early and judicious treatment. Typhus fever is frequently mistaken for typhoid fever, but a review of the leading manifestations of each will show how wide they are apart. The periods of incubation and invasion of typhus fever are much shorter than those of typhoid. Typhus fever is strictly a contagious disease, typhoid is not. In typhus fever there is no localized lesion. In typhoid there is a constant lesion of the lymph follicles of the ilium or colon, revealing invariably the presence of Elberth's bacillus, accompanied by tympanitis and abdominal tenderness. The eruption in typhus fever appears generally by the fourth day. In typhoid not often before the tenth. The typhus eruption first resembles measles, but is attended by a mottled appearance of

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the skin; later, about the eighth day the characteristic petechiæ appear in the center of the spots, when, two or three days later, the rash begins to disappear. The location of the eruption is about the same in both diseases, on the abdomen, chest or arms, but in typhus cases it appears simultaneously, and is more extensive; in typhoid, consecutively. The eruptions in the latter disease is of a more rosy color, resembling flea bites. In typhus fever the bowels are constipated, in typhoid there is diarrhœa, with occasional hemorrhage, epistaxis is also a frequent complication which rarely occurs in typhus fever. Typhus fever runs its course in from 12 to 14 days, while typhoid lasts from three to four weeks—with a tendency to relapses. In typhus cases there are no relapses. The patient either dies or is on the road to permanent recovery in twelve or fourteen days. Typhus fever originates in absorption of the toxin by the blood, while typhoid fever is due to drinking impure water, diseased milk and use of unhealthy food, resulting in intestinal lesions. Typhus fever may be confounded with various other diseases—such as cerebro-spinal meningitis, measles and pneumonia, but the development of each of these diseases is attended by a history which, if carefully studied, will remove the difficulties of differential diagnosis. In the treatment of typhus fever we must remember that it is contagious, hence isolation of such cases is imperative. Disinfection of clothing, bedding, and apartments occupied by patient as soon as vacated, should be thoroughly practiced. As the poison of this disease is in the air, and becomes intensified by confinement, a free inlet to apartments occupied by patients of outdoor air is required to dilute it. If pavilions or tents could be provided and made comfortable for such patients, treatment would be more effective. We have no specifics to aid us in the management of this disease. Symptoms must be met as they arise. All of the avenues for the escape of this peculiar poison from the system should be left open. The organs which furnish these avenues are the lungs, the liver, the kidneys, skin and bowels. Whatever will aid these organs in their work are the most important instrumentalities in the management of typhus fever. As the great peril of this disease is a rapid sinking of the vital powers, this condition should be averted. Antipyretics should be discarded, cold water baths, sponging, or the wet pack, should be freely employed to reduce the high temperature of this disease.

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Cold water drinks in connection with judicious stimulation are indispensable aids. In the way of nourishment milk, or what is still better, kumyss, is mainly to be depended upon. As the temperature subsides broken, doses of calomel and small repeated doses of quinine might be substituted, on account of their antiseptic and antipyretic qualities for the cold water applications. Under the treatment thus partially outlined, the mental lethargy and nervous disturbances frequently vanish and a rapid improvement in the general condition of the patient promptly ensues.

CARBUNCLE.

This disease falls more within the domain of medicine than surgery. The mortality attending it is largely due to a failure in recognizing this fact. Most authors regard it as an aggravated form of furuncle, but this view is not substantiated by its pathological history. It is not simply a local disease, but the product of constitutional disorders. Its advent with rigors and fever reveals its constitutional origin. Its peripheral extension, necrotic centers, and thrombosis of vessels with involvement of deeper tissues separates its pathology from that of the furuncle. Furthermore, the latter is never found in a healthy subject; the former often is. Carbuncle occurs alone in persons of middle and advanced age; furuncle in the young more than those of advanced age. Carbuncle has its peculiar sites, the back, neck, and extensor surfaces. The furuncle has no preferred space. Carbuncle is a rare disease; furuncle common. Carbuncle frequently ends in gangrene; furuncle always in suppuration. Furuncle terminates in recovery, carbuncle often in death. Carbuncle is a painful, flat, elevated tumor, involving an area from the size of the hand to that of a dinner plate, becoming in its progress brawny and of dark bluish color, covered with pustules and yellow plugs, corresponding to follicular outlets. Furuncle is conical in form, and limited in its peripheral and vertical extension. If an organism has anything to do with the development of carbuncle, it must be one which propagates itself exclusively in a diseased body, and for that reason differs entirely from that which produces furuncle. Subjects most liable to carbuncle are those burdened with Bright's Disease, gout, diabetes, or broken-down from alcoholic excesses. These, with

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the wear of age, are at least the predisposing causes. Our prognosis will be grave or favorable, according to the location of the disease, extent, age of the patient and accompanying complications. The back of the neck is the most dangerous region that can be invaded, on account of liability to cerebral involvement, pressure of parts and septic poisoning. Treatment must be constitutional and local. At first active saline purgation is our sheet anchor, followed by light stimulation and a highly nourishing diet. Opiates should be freely administered when necessary to relieve pain and procure rest. Sulphide of calcium in ¼ grain doses frequently repeated, will be of great service. Sulphate of magnesia in full doses, with 10 drops of dilute sulphuric acid added to each dissolved dose, will produce excellent results. Quinine and a suitable preparation of iron later on will prove beneficial. The local treatment should begin with the constitutional, and be equally as thorough. All of the suppurating outlets should be syringed out with a weak solution of carbolic acid and a 5 to 10 per cent. solution of the acid injected in various parts of the tumor. Ice bags should be kept applied from the beginning, and continued until the peripheral extension is arrested, necrosed tissue should be removed, but incisions are of doubtful utility, and are seldom advisable. Complications may modify our treatment in some of its details, but in the main the measures we have suggested will arrest the progress of the disease and prevent septic poisoning. Since the writer has viewed and treated this disease from a constitutional standpoint, successful results have invariably been achieved.

FOURTH OF JULY CELEBRATIONS.

Great events in the history of a nation should be properly commemorated. It stimulates public spirit, fosters a national pride and keeps alive the patriotism of a people. Whilst this is a self-evident proposition, it is equally true that these objects cannot be accomplished by ignoring the restrictions of decorum on such occasions. When a national anniversary degenerates into a carnival of lawlessness, in which the lives of the people are endangered, it is high time to interpose the strong arm of the law to change the methods of holiday celebrations. The first step in this direction, for the civil authorities to take, should be to abolish powder as a medium of anniversary jubilation.

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When 12,000 people are killed or crippled in the United States on the Fourth of July by explosives, and twelve millions of dollars expended in accomplishing this result, to say nothing of the fatal shocks inflicted on the nerves of the sick, and accidents indirectly produced, some other way of giving vent to pent up patriotism should be devised. The last Fourth of July happened to be Sunday, and consequently our over-zealous patriots were in doubt whether to commence exploding on Saturday, Sunday or Monday. They compromised by celebrating all of the three days, but if it had been the custom to celebrate the Fourth of July in a decorous and becoming way, it could have been done on Sunday, and then two more days could have been added to industrial enterprise, 12,000 people would have escaped injury or death, and twelve millions of dollars saved for more useful purposes. We have humane societies to protect neglected children and abused animals, but no one to protect against the folly and criminality of explosive Fourth of July celebrations.

MEDICAL LEAGUE.

The physicians of St. Louis have inaugurated a movement that will receive the approval of the profession at large. This step contemplates a union of medical forces for the purpose of promoting the material welfare of the medical profession. Those engaged in this laudable enterprise propose to join hands in an effort to correct the increasing evils of free clinics, 50-cent hospitals and cheap services, so commonly resorted to by thoughtless physicians to increase their practice. They also propose to devote more attention to political and legislative questions affecting medical interests. This journal has repeatedly urged upon the profession a step of this kind as necessary in the interest of self-preservation. Physicians are the only class who have neglected to organize and combine forces for self-protection. Even laboring men have formed themselves into a disciplined army to defend their rights. We hope to see members of the medical profession in every community emulate the example set by their St. Louis brethren. When physicians everywhere begin to give more attention to the business part of their calling, we will hear fewer complaints of too many colleges and an overcrowded profession.

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LECTURES ON THE TREATMENT OF FIBROID TUMORS OF THE UTERUS, MEDICAL ELECTRICAL AND SURGICAL. By Franklin H. Martin, M. D., Professor of Gynæcology, Post-Graduate Medical School of Chicago; Surgeon Woman's Hospital of Chicago; Gynæcologist Chicago Charity Hospital, and the Post-Graduate Hospital; Chairman Section of Obstetrics and Diseases of Women of the American Medical Association (1895); President Chicago Gynæcological Society (1895), Etc., Etc.; Author of Electricity in Obstetrics and Gynæcology. Chicago The W. T. Keener Co. 1897.

This little book, embracing lectures on the treatment of the above important subjects, by Dr. Franklin H. Martin, is worthy of careful perusal by general practitioners as well as gynæcologists. The author reveals a profound knowledge of the subjects discussed, and shows conclusively that surgical recourse is too frequent in this class of cases. He divides fibroid into the interstitial, intramural, sub-peritoneal and sub-mucous forms and treatment into medical, electrical and surgical procedures. He also defines the conditions in which these different methods of treatment are indicated. Surgical equipments, instruments and operative procedures are amply illustrated.

WARNER'S POCKET MEDICAL DICTIONARY OF TO-DAY. Comprising Pronunciation and Definition of 10,000 Words and Terms used in Medicine and Associated Sciences. By William R. Warner. Copyright. William R. Warner & Co., Philadelphia. 1897.

Considering the limited size and scope of this little book, it will be found useful and convenient, especially where access to larger and more complete volumes is denied to the physician. It is what it is represented to be, simply a pocket dictionary, and contains as many of the leading words and terms as could be put into so small a compass. The binding, typography and general make-up, are the best that could be provided, both for wear and convenience of use.

HEMORRHOIDS AND OTHER NON-MALIGNANT RECTAL DISEASES. Diagnosis and Treatment. By W. P. Agnew, M. D. Third Edition. Pacific Press Publishing Company, San Francisco, California. 1896.

The object of this manual is to furnish the practitioner in a brief and concise form, with practical information on common every-day diseases of the rectum. The author believes in bringing common sense to bear on these diseases more than the *knife*. He contends, in piles, carbolic acid injections should

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supplant the knife, clamp, cautery and ligature. On other allied subjects his views are sound and conservative. He believes that many sufferers are deterred from consultiug surgeons from a natural abhorrence of their methods of treatment, and fall an easy prey into the hands of itinerant quacks. Table of contents is as follows: Introductory, Hemorrhoids, Rectal Examination, Rectal and Anal Fistula, Rectal Stricture, Rectal Prolapse, Disease in the Sigmoid Flexure, Condylomata, Itching of the Anus, Dilatation of the Sphincters, Flushing the Colon, Rectal Reflexes, Rectal Pockets and Papillæ, Rectal Polypus, Neuralgia of the Rectum, Proctitis or Inflammation of the Rectum, Impacted Fæces, Appendix. Ample illustrations accompany the discussion of the various subjects embraced in the manual.

LEPROSY AND THE CHARITY OF THE CHURCH. By Rev. L. W. Mulhane. Chicago and New York. D. H. McBride & Co.

This book, though not written by a member of the medical profession, and intended mainly for the use of the lay reader, contains much information of a historical character with which every physician should be familiar. A valuable feature of this little volume is the number of photographic views illustrating groups of lepers, prominent men identified with leper colonies, churches, etc. The contents are presented in the following order: Part 1st, Leprosy in Ancient Times, Leprosy in the Middle Ages, Leprosy in Our Day, Leprosy in the United States, Leprosy in Louisiana, The Menace of Leprosy, Leprosy—Different Forms, How Contrasted, Can It Be Cured? Leprosy as Discussed in the Pan-American Medical Congress. Part 2d, The Care of the Lepers, The Sandwich Islands, The Trinidad Leper Colony, Canada and Iceland, In Japan, In Madagasca, In South America, In India, In Louisiana, Conclusion.

A SCIENTIFIC DEMONSTRATION OF THE FUTURE LIFE. By Thomas Jay Hudson, Author of "The Law of Psychic Phenomena," Etc. Second Edition. Chicago: A. G. McClurg & Co. 1896.

This volume appears somewhat in the form of a supplement to a work entitled "The Law of Psychic Phenomena," written by the same author two or three years previously. In this book the principles enunciated in the first volume are pursued farther, until they culminate in an assumed demonstration of a future life for man. The author has undertaken to solve

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a problem that has been under investigation from time immemorial. How well he has succeeded, must be left for the reader to decide. While he may not agree with the author's views, or be satisfied with his conclusions, he will at least be entertained by his arguments. It is an interesting book on an interesting subject, and we earnestly commend it to the attention of the reading public.

New Books.

W. B. Saunders has the following books in preparation for early publication:

An American Text-Book of Genito-Urinary and Skin Diseases, edited by L. Bolton Bangs, M. D., late Professor of Genito-Urinary and Venereal Diseases, New York Post-Graduate Medical School and Hospital, and William A. Hardaway, M. D., Professor of Diseases of the Skin, Missouri Medical College.

An American Text-Book of Diseases of the Eye, Ear, Nose and Throat, edited by G. E. de Schweinitz, M. D., Professor of Ophthalmology in the Jefferson Medical College, and B. Alexander Randall, M. D., Professor of Diseases of the Ear in the University of Pennsylvania and in the Philadelphia Polyclinic.

Macdonald's Surgical Diagnosis and Treatment—Surgical Diagnosis and Treatment, by J. W. Macdonald, M. D., Graduate of Medicine of the University of Edinburgh; Licentiate of the Royal College of Surgeons, Edinburgh; Professor of the Practice of Surgery and Clinical Surgery, Minneapolis College of Physicians and Surgeons.

Anders' Theory and Practice of Medicine. A Text-Book of Theory and Practice of Medicine. By James M. Anders, M. D., Ph. E., LL.D., Professor of the Theory and Practice of Medicine and of Clinical Medicine, Medico-Chirurgical College, Philadelphia.

Senn's Genito-Urinary Tuberculosis—Tuberculosis of the Genito-Urinary Apparatus, Male and Female, by Nicholas Senn, M. D., Ph.D., LL.D., Professor of the Practice of Surgery and of Clinical Surgery, Rush Medical College, Chicago.

Penrose's Gynecology—A Text-Book of Gynecology, by

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Charles B. Penrose, M. D., Professor of Gynecology, University of Pennsylvania.

Hirst's Obstetrics—A Text-Book of Obstetrics, by Barton Cooke Hirst, M. D., Professor of Obstetrics, University of Pennsylvania.

Moore's Orthopedic Surgery—A Manual of Orthopedic Surgery, by James E. Moore, M. D., Professor of Orthopedics and Adjunct Professor of Clinical Surgery, University of Minnesota, College of Medicine and Surgery.

Heisler's Embryology—A Text-Book of Embryology, by John C. Heisler, M. D., Prosector to the Professor of Anatomy, Medical Department of the University of Pennsylvania.

Mallory and Wright's Pathological Technique—Pathological Technique, by Frank B. Mallory, A.M., M.D., Assistant Professor of Pathology, Harvard Medical School; Assistant Pathologist to the Boston City Hospital; and James H. Wright, A.M., M.D., Instructor in Pathology, Harvard Medical School; Pathologist to the Massachusetts General Hospital.

New volumes in Saunder's Aid Series:

Sutton and Giles' Diseases of Women—Diseases of Women, by J. Bland Sutton, F.R.C.S., Asst. Surgeon to Middlesex Hospital, and Surgeon to Chelsea Hospital, London; and Arthur E. Giles, M.D., B. Sc., Lond., F.R.C.S., Edin., Asst. Surgeon, Chelsea Hospital, London.

Penrose's Gynecology (price, $3.50, net) will be ready for delivery in a couple of months; the majority of the others during the fall and early winter.

E. B. Treat, the well-known book publisher, has associated with him in business his two sons, William H. and Edwin C., as partners, under the firm name of E. B. Treat & Co. They have removed to their new location, which is 241-244 West 23d St., New York.

I have been using Antiphlogistine for the past year, mostly in cases of Inflammatory Rheumatism, Acute Bronchitis, Abdominal Inflammation, Pneumonia, with grand results.

Wm. D. McCarthy, M. D.
111 Eddy St., San Francisco, Cal.

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THE PUBLISHERS' DEPARTMENT.

The St. Louis and Tennessee River Packet Company.

Those who enjoy river excursions at a trifling cost should take advantage of the offer now made by the above Packet Company. The elegant steamers "City of Paducah" and "City of Sheffield" make regular trips to Riverton, Alabama, every five days, allowing passengers to visit the Centennial Exposition at Nashville, Tennessee, or other points along the line of travel. Those desiring to visit Nashville have three days for that purpose, leaving the boat at Johnsonville and returning in time for the down trip, with ticket on the Nashville, Chattanooga & St. Louis Rail Road, also street car fare from Nashville depot to Centennial grounds, including one admission to Exposition. There are many points of interest to visit on the route. Among them we may mention the celebrated Red Sulphur Springs within a short distance of the battle-field of Shiloh. Excursion rate ten dollars for round trip, including berth and meals; two dollars additional for side trip to Nashville Centennial. Address, JOHN E. MASSENGALE,
St. Louis & Tenessee River Packet Co., Agent.
Office on Wharfboant, foot of Locust St.,
St. Louis, Mo.

Therapeutics of Lactophenin.

Dr. Geo. Howard Thompson, Professor of Materia Medica in the St. Louis College of Physicians and Surgeons, contributes a second clinical report on Lactophenin to the Tri-State Medical Journal, May, 1897. His first report was written a year ago. He says he has "continued the use of this valuable product with increasing satisfaction. It is a definite chemical body differing from phenacetin in that lactic acid replaces acetic acid," and this "seems to overcome entirely the possibility of cardiac depression or the conversion of hæmoglobin into methæmoglobin, an attribute only too frequently met with in antipyrin, acetanilid and phenacetin."

He says, further, "as an analgesic it is equal to the best pain reliever in the materia medica," and he quotes three cases

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in detail in which Lactophenin achieved excellent results.

The conclusion arrived at by the author, from his extended experience with Lactophenin, is that his cases indicate to him "the great superiority of Lactophenin over Phenacetin and other members of the coal-tar group of antipyretics and analgesics."

Methyl Salicylate in the Treatment of Gonorrhœa.

By reason of the great power possessed by methyl salicylate of penetrating investing membranes, M. Duquaire (cited in the Journal des Praticiens for June 26th) has conceived the idea that it will reach the gonococci even when they are seated in the deepest layers of the mucous membrane. He reports a case in which its employment cured the disease in five days, but he does not generalize from that one case. He uses the following solution:

℞ Methyl salicylate ..... 1 part.
Bismuth subnitrate ..... 20 parts.
Liquid vaseline ..... 100 parts.

M. Three injections are to be given daily.

The patient should urinate, then take the injection, and hold it in the urethra as long as possible. The injections are not painful.

Ulcerative Conditions.

Dr. R. H. Baylor, Stewart, Tenn., in reporting his experience with Sennine as an antiseptic and germicide dressing as well as stimulating healthy granulations on an ulcerative surface, says: "There is nothing farther desired in the antiseptic line," and he has accomplished pre-eminent satisfactory results in ulcerative conditions where everything else had failed. Sennine is easily applied—a clean dressing and permanent relief in a short time.

Imperial Granum.

The following letter, just received by the Imperial Granum Company from the publisher of one of the most influential of American Medical journals, must certainly be most satisfactory to the manufacturers of that sterling food preparation:

"Beginning with the grip, I ended up with a severe attack

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of gastric fever. This gave me an excellent opportunity to test Imperial Granum, and I assure you it was a great pleasure to have something that was at once so pleasant to the taste, so nourishing, and so grateful to a delicate stomach. After being compelled to abstain from food for three or four days, I partook of the Imperial Granum quite freely, without the least disturbance of the stomach. As we have have had much experience in dealing with delicate and sensitive stomachs, we thought it very remarkable that any food should prove so nourishing and yet be taken so freely under such circumstances. I was glad to have such an opportunity to test your food, and I shall always be glad to recommend it."

BIRMINGHAM, ALA., June 12, 1897.

RESINOL CHEMICAL CO., BALTIMORE, MD.

Gentlemen: I wish to say a few words of highly deserved praise in refeference to your wonderful preparation, Unguentum Resinol. I have had the most flattering success with it in my practice in the treatment of Pruritus Ani, Itching Piles, and also in allaying the intense itching and burning of Eczema. I have found it superior to any preparation of its kind that I have ever used, and I think it stands without a peer as an antipruritic and sedative. I could relate many interesting cases in which I have used Unguentum Resinol. I trust that all of my professional brethren will use this valuable preparation whenever it is indicated. Yours most respectfully,

A. L. SCOTT, M.D., Ph.G.

A New Diphtheria Antitoxin.

The Archives des Sciences Biolagiques, issued by the Imperial Institute of Experimental Medicine of St. Petersburg, contains some interesting information respecting the researches carried out by Dr. Smirnow on a new method of obtaining a diphtheria antitoxin of considerable therapeutic activity. The object which Dr. Smirnow had in view was to reduce the time and the expense involved by the present method of preparing the serum, and the method which he alighted upon was the electrolysis of virulent diphtheria broth cultivations. By this means he has succeeded in obtaining an antitoxin of great power, which gives excellent results even when employed in much

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smaller doses than those at present found necessary with the ordinary horse serum. He states that even in advanced cases of the disease the injection of from one-half to one cubic centimeter enables the animal to resist the inoculated disease without marked reaction, either general or local. It seems that the new antitoxin is itself quite innocuous, for guinea-pigs can withstand with impunity doses ten times as strong as those required for curative purposes.—The Medical Press.

Permit me to say I have used Antiphlogistine for six months in all cases of Pneumonia, Pleurisy, Peritonitis, Deep and Superficial Inflammations, *Herpes Zoster,* and Tubercular Inflammation of Knee and Ankle Joints. Never have I found in a practice of 18 years anything which gives, even approximately, equal results. In gouty swellings of the big toe joints it is almost a specific. I am not unduly enthusiastic. I have simply succeeded with it, and promptly, where before I have failed to obtain satisfactory results with other remedies. I hope you will push this to its fullest extent, as you have a preparation of great merit. If this statement is of any value you are at liberty to use it with the profession only.

A. J. Scott, M. D.
428 Jefferson St., Milwaukee, Wis.

Chronic Gastritis.

Prof. H. T. Webster, M. D., of San Francisco, in a recent publication, discusses chronic gastritis and its treatment. After a careful resume of the etiology and pathology of the affection, and an enumeration of the symptoms attending it, he says, in speaking of the diagnosis:

"The use of the stomach-tube will afford the best means of diagnosis. If siphonage be practiced an hour or so after eating, hydrochloric acid will usually be absent, and lactic acid, associated with fatty acids, are present with a large quantity of mucous. If siphonage be practiced seven hours after eating, undigested food will be found still remaining in the stomach, while in cases of functional dyspepsia it will have disappeared. Malignant disease will be excluded by lack of cachexia, absence of perceptible tumor upon palpation, and by the char-

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acter of the material vomited, coffee ground material soon appearing in cancer. In gastric ulcer, a diagnostic feature is frequent hematemesis."

He believes that if a proper diet be pursued and rational medicinal treatment be employed, almost every case of chronic gastritis will improve readily, unless it be complicated by gastric carcinoma, gastric ulcer, or hepatic, renal, or pulmonary disease. His treatment consists in lavage, disinfection and cleansing of the viscus with hydrozone. Lavage should be practiced every morning before eating, a small quantity of water (a pint) being used at first, which should be increased to two or three quarts as the treatment is carried on. The water should be warm (98.6° F.) and solutions containing Glauber's sault, asepsin or boracic acid are often useful. Regarding the use of hydrozone in this affection, he says:

"The introduction of hydrozone as a remedy in this condition was an innovation of remarkable value. A drachm of Marchand's hydrozone, added to four ounces of boiled water, and drunk while the stomach is empty, exerts a powerful influence in dissolving and removing the tenacious mucous, destroying microbic elements of fermentation and stimulating normal action in the diseased mucous surface. The best results follow its use in the morning before breakfast, the patient taking it while in bed, and remaining on the left side for ten minutes before rising. It may be taken oftener, but once a day may suffice, and it is advantageously used in this manner after the practice of lavage.

The hydrozone may at first produce acrid sensations in the stomach, but as the irritated gastric surface improves in tone under its influence, this will pass away and sensitiveness to its action will subside. Where necessary the amount of hydrozone may be reduced until the stomach becomes more tolerant to it.

The important step in chronic gastric catarrh, as in catarrh of all other mucous cavities, is the cleansing of the part from the ropy mucous, which clogs the glandular organs, and serves as a nidus for the operation of agents of fermentation. Glycozone in teaspoonful doses, diluted with water, administered after meals, prevents fermentation of food and accelerates a cure.

If the treatment outlined above be properly carried out, the writer believes that little more is necessary, for with the re-

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moval of morbid accumulations the gastric secretions will become normal in quantity and quality. Hydrochloric acid, administered internally, may in some cases do good, as also the bitter tonics, but their place is secondary to the use of the stomach tube and the disinfection of the mucous membrane of the stomach with hydrozone.—New England Medical Monthly.

Spermatorrhea.

Having a case of spermatorrhea of several years' standing, which came under my care about nine months ago, I prescribed the usual remedies, in this case, viz., bromide potash, ergot, ferrum, digitalis, belladonna and cimicifuga, with very unsatisfactory results. Seeing your preparation, CELERINA, recommended for this affection, I procured some, and administered it in this case, with such marked results after the use of the first bottle, that I immediately ordered two more bottles, which have entirely cured him of this affliction. I have two other patients now under treatment with CELERINA which are progressing very favorably. After a practice of twenty-nine years I have no hesitancy in saying that it is the most effectual remedy that I have ever prescribed in the above disease.

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Quarryville, Pa.

Arsenic in the Treatment of Lupus Erythematosus.

Ordinarily the treatment of this disease is quite unsatisfactory. In nine cases Dr. J. Schutz (Archiv. fur Dermatologie und Syphilis, xxxviii., 1; Centralblatt fur Chirurgie, June 26, 1897) has met with excellent results from the topical use of a weak solution of arsenic—a drachm of Fowler's Solution, from six to eight drachms of distilled water, and two drops of chloroform. This is to be shaken when it is used. It is to be penciled on the affected area night and morning, and allowed to dry. In from four to six days a mild inflammation shows itself, but it subsides in from four to eight days more under simple treatment. Then the pencilings are repeated, and they are better borne each time. The disease is usually cured in ten or eleven weeks.

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Thyroid Extract in the Treatment of Fibroid Tumors of the Uterus.

Dr. W. M. Polk (Medical News, July 3, 1897), after mentioning the beneficial effect of thyroid extract on the metrorrhagia of fibroid tumors of the uterus, states that in several cases he has observed also not only a checking of the tumors' growth, but even a decided retrocession with amelioration of the local symptoms and improvement in the general health.

Dr. F. B. Moehlau, a prominent physician of Buffalo, N. Y., was recently married to Miss Marion McGrath, a pianist and singer of note, and a resident of New York State.

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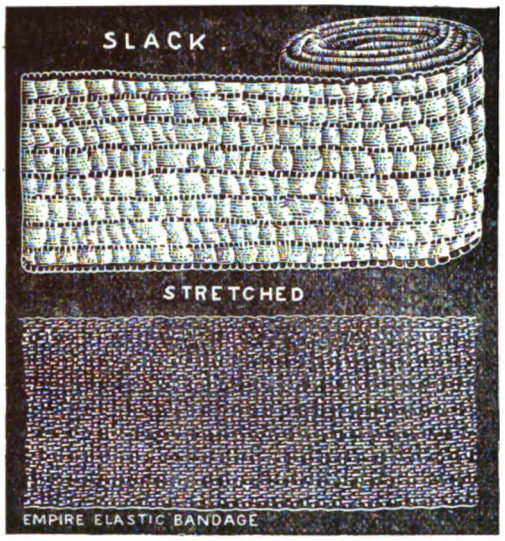

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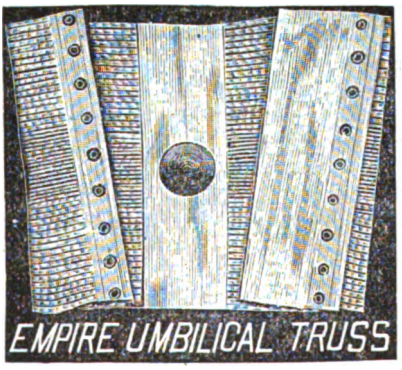

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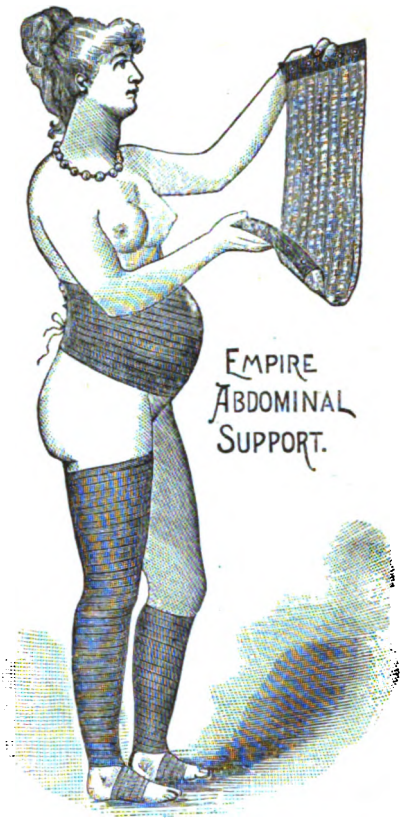

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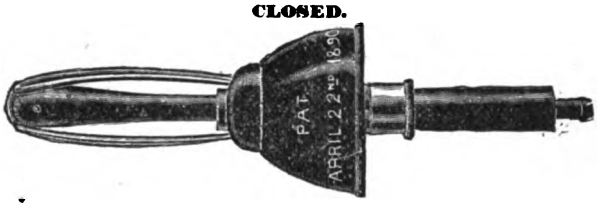

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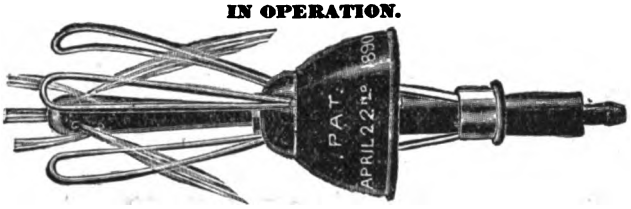

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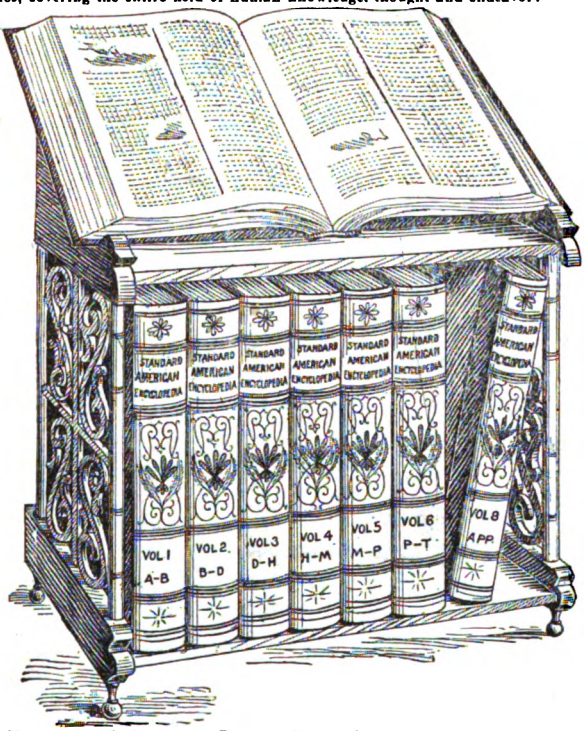

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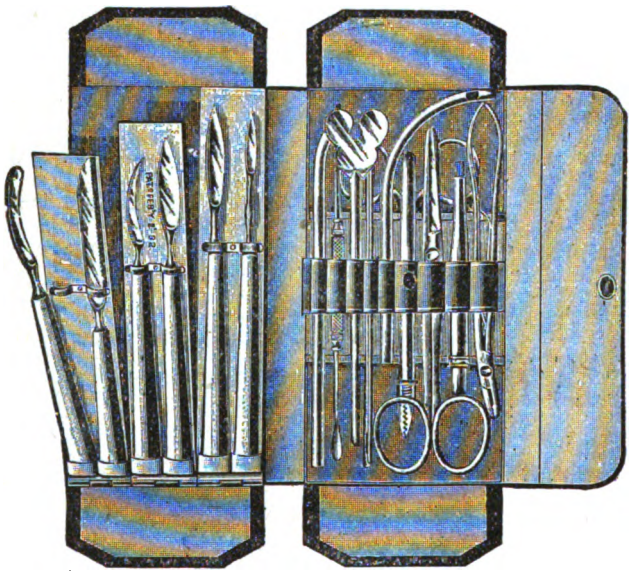

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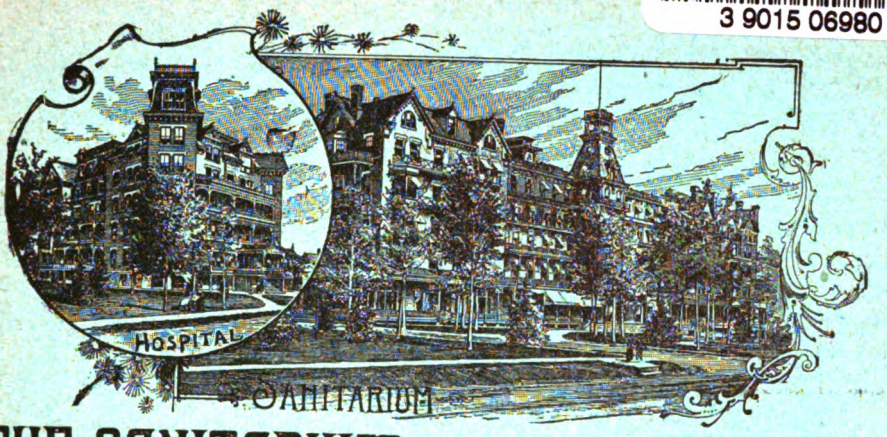

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